

Printed Last Name / First Name

Rank

**23 CES/CEAC, Housing Management Office
Moody AFB, GA 31699**

Telephone: DSN 460-4417/3426 / COMM (229) 257-4417/3426

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E-Mail: moodyafb.housingmgt@moody.af.mil

Number of pages

Including Cover Sheet

(To be completed by Military Member)

I understand I must report to the Moody Housing Management Office located in Bldg 919 on Moody AFB upon arrival to Moody for a housing briefing. A Briefing/Referral Confirmation Letter must be presented to leasing agent prior to signing a lease to move into privatized housing.

I give Moody Housing Management Office permission to release my information to the Property Manager/Owner.

Date out processed current duty station: _____ (DD/MMM/YY)

Estimated or actual arrival date to Moody : _____ (DD/MMM/YY)

Total number of occupants to reside in home (including self): _____

Dual Military? No ___ Yes ___ If yes, Name/Rank: _____

In off-base lease in Moody AFB area? No ___ Yes ___ Lease expires: _____ (DD/MMM/YY)

Previously lived/or living in Moody privatized housing: No ___ Yes ___ House # / St: _____

Currently have PCS/retirement/separation orders leaving Moody AFB? No ___ Yes ___

Please include a copy of your PCS orders to Moody AFB (all pages & amendments)

Signature: _____ Date: _____

Contact Information: Duty Phone #: _____ Alternate Phone #: _____

Email address (.mil / personal address): _____

REMARKS: _____

(To be completed by Housing Management Office)

Based on the member's orders and information given, the member is eligible for privatized housing

Move funded by PCS Orders: No ___ Yes ___ Local funded move: No ___ Yes ___

Received signed AF Form 4422: No ___ Yes ___ Copy of Orders: No ___ Yes ___

Date Received Referral Request: _____ Applicant's Effective Date: _____

Housing Qualified for: _____ Number of Bedrooms: _____

23 CEA/CEAC (Name) / Date Forwarded to Private Owner: _____

PRIVACY ACT STATEMENT: Authority: 5 USC 5911 & 5912; Principal Purpose: To identify customer needs for assistance and housing requirements; Routine Use: None; Disclosure: voluntary; however, failure to provide the requested information will result in our inability to assist you.

In accordance with AFI 33-219; Atch A.3.3.3.1, "Do not transmit classified information over unsecure telecommunications systems. Official DoD telecommunications systems are subject to monitoring. Using telecommunications systems constitutes consent to monitor."

SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT

Attach to application for military, government-managed and privatized housing

I, (print name) _____, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, *Application for Assignment to Housing*.

POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

Signature of Applicant

Date

APPLICATION FOR HOUSING ASSIGNMENT

APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MI:	DOB (MM-DD-YY):	SOCIAL SECURITY NUMBER:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:				PHONE (PRIMARY):	
PAY GRADE:	BRANCH OF SERVICE:			DATE HOUSING NEEDED (MM-DD-YY):	
ANY "EFMP" FAMILY MEMBERS?	REPORT NLT DATE:			PROMOTABLE? DO YOU HAVE A LINE #?	

STATUS OF APPLICANT

MARITAL STATUS: _____ TOTAL NUMBER OF OCCUPANTS: _____
 DUAL MILITARY?: _____ ESTIMATED BAH RATE (\$): _____

IF YOU ANSWERED YES TO DUAL MILITARY, PLEASE ANSWER THE FOLLOWING FOR THE OTHER SERVICE MEMBER:

SERVICE MEMBERS NAME: _____ PAY GRADE: _____
 BRANCH OF SERVICE: _____

ORGANIZATION/UNIT TRANSFERRED FROM: _____

ORGANIZATION/UNIT TRANSFERRED TO: _____

DO YOU HAVE PETS? _____ HOW MANY? _____ TYPE: _____ WEIGHT: _____

(MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: _____ WEIGHT: _____

DEPENDENT DATA (PROOF OF DOB IS REQUIRED)

DEPENDENTS RESIDING WITH THE MILITARY MEMBER NAME FIRST - MI - LAST	RELATIONSHIP	GENDER	DOB	SOCIAL SECURITY #

EMERGENCY CONTACT INFORMATION

NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

HOW DID YOU HEAR ABOUT US?

CHECK THOSE THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> AHRN | <input type="checkbox"/> REFERRED BY A RESIDENT → NAME: _____ |
| <input type="checkbox"/> WALK IN | <input type="checkbox"/> REFERRED BY ANOTHER INSTALLATION → WHICH ONE: _____ |
| <input type="checkbox"/> COMMUNITY WEBSITE | <input type="checkbox"/> SEARCH ENGINE → WHICH ONE: _____ |
| <input type="checkbox"/> REFERRED BY COMMAND | <input type="checkbox"/> BROCHURE / FLYER → WHERE DID YOU SEE IT?: _____ |

CORRECT INFORMATION

I HEREBY GIVE THE MANAGEMENT/OWNER THE AUTHORITY TO INVESTIGATE MY CREDIT RATING, MY CURRENT AND PAST RENTAL RECORD, MY POLICE RECORD (IF ANY), AND ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY. I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION ON THIS FORM WILL DISQUALIFY ME FROM CONSIDERATION FOR LEASING AND MAY BE GROUNDS FOR EVICTION. I HEREBY AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

SIGNATURE OF APPLICANT / DATE

DISPOSITION (TO BE COMPLETED BY HOUSING OFFICE)

DATE APPLICATION RECEIVED: _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE (# OF BEDROOMS): _____
DATE HOUSING ASSIGNED: _____	ADDRESS ASSIGNED: _____

SIGNATURE OF HOUSING CONSULTANT / DATE